

Montana Office of
Public Instruction



**SCHOOL TOBACCO PROGRAM
Year End Performance Report/
Continuation Award Application**

Instructions: Complete and return by May 4, 2007 to:
Montana Office of Public Instruction
Attn: Cheri Seed
PO Box 202501
Helena, MT 59620-2501

I. General Information

Applicant

Mailing Address

Project Coordinator

Title

Telephone
(406)

Fax
(406)

E-mail

Authorized Representative Name

Authorized Representative Signature

II. 2006-2007 Program Review

A) Provide a brief review of the original Needs Assessment, Project Design including goals, objectives and activities/services and explain how you used evaluation measures to show overall achievements.

B) Describe how the current project serves to build infrastructure for sustainability for future planned efforts.

III. 2007-2008 Proposed Program Elements

Outline proposed plans to include activities to address one or more of the following priority areas: youth leadership and advocacy, community collaboration, and access to cessation and education for tobacco users. Proposals may also include policy development, classroom instruction, and data collection/surveillance activities.

For each measurable objective, develop a chronological list of activities, the completion date(s) and person responsible.

Objective	Activities	Date To Be Accomplished	Person Responsible
IV. 2006-2007 Budget Review			

Complete a 2006-2007 expenditure of funds to date in the table below.

Budget items	Proposed Expense	Actual Expense	Remaining Funds
Salaries and Benefits			
Operating Expenses			
Indirect Costs			
Equipment (\$5000 or more per unit)			
Total			

Budget Summary

A) Describe budget details to include personnel salaries and fringe benefits (including specifics used to calculate compensation for each paid employee such as annual or hourly wage and related number of hours worked), operating expenses (including travel, supplies, materials, equipment, transportation, telephone, postage, utilities, contractual) and indirect costs.

B) Provide a brief narrative of budget changes from what was initially proposed in the original grant application and a justification for the request.

C) Was a budget modification form submitted and approved by OPI for requested changes? (Y/ N) _____

V. 2007-2008 Proposed Budget

Describe proposed personnel salaries and fringe benefits (including specifics used to calculate compensation for each paid employee such as annual or hourly wage and related number of hours worked).

Describe proposed operating expenses (including travel, supplies, materials, equipment, transportation, telephone, postage, utilities, contractual) and indirect costs.

Complete a 2007-2008 proposed expenditure of funds to date in the table below.

NOTE: In exchange for accepting funds, grantee coordinators or a school district representative will be required to attend a 1-day fall grantee meeting and a spring 2-day MTUPP annual conference which will NOT be supported by OPI this next cycle so please include these travel expenditures in your budget.

Budget items	Proposed Expense
Salaries and Benefits	
Operating Expenses	
Indirect Costs	
Equipment (\$5000 or more per unit)	
Total	

VI. 2006-2007 Collaboration

Describe what school partnerships that were expanded or established with students, families, community organizations, coalitions and local MTUPP contractors to implement the project.

VII. 2007-2008 Collaboration

Describe how the proposed project will continue to involve joint participation of school, family, and community groups including county MTUPP contractors and tobacco-free coalition partnerships in planning the project, and implementing the project.

	VIII. 2006-2007 Quality Assurance	
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What problems or obstacles were experienced, if any, in implementing the project? Describe solutions you implemented to overcome these problems.

	IX. Certification Signatures	
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Signature of Authorized Representative	Date / /
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Signature of Project Coordinator	Date / /
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